

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		27	11-30-77
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	7	03
2	✓	01	02
3	✓	03	04
4	✓	04	05
5	✓	05	06
6	✓	06	07
7	✓	07	08
8	✓	08	09
9	✓	09	10
10	✓	10	11
11	✓	11	12
12	✓	12	13
13	✓	13	14
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16	✓	16	17
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42	✓	42	43
43	✓	43	44
44	✓	44	45
45	✓	45	46
46	✓	46	47
47	✓	47	48
48	✓	48	49
49	✓	49	50

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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